## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST ANNE	MI L	OFFICE USE ONLY  Date Received
	NICKNAME BUFFY	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX, APT / SUITE #;  2311 SRICA KAIT  CEDUN PUNK, T	CITY; STATE; ZIP CODE  LIN LN  X 7 L013	20 JAN 15 R
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 736-46	extension LGT	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR HEID  NICKNAME  HAST  HOUGE	SUFFIX	Receipt # Amount \$  Date Processed / . / 5. 30  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	Unch Loop X 78413	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 700 - 84	EXTENSION	
9 REPORT TYPE	July 15 30th day before electrical and the state of the s		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Adnih Day Year 7	THROUGH 12	31/2019
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)	3 OFFICE SOUGHT (if known)	
	GO ТО І	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME FWN-C/K	. Duff	Y	15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL C SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR C KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY FOR SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
	SPECIFIC	COMMITTEE ADDRESS					
	<u></u>						
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH	IAN				
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$				
	2. TOTAL	POLITICAL CONTRIBUTIONS					
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10				
EXPENDITURE	3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS,					
TOTALS		ITEMIZED	\$				
	4. TOTALI	\$ 212.44					
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$1219.72				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$				
18 AFFIDAVIT							
		I swear, or affirm, under penalty of p	perjury, that the accompanying report is				
2000	LEANNIA OUR	true and correct and includes all info	ormation required to be reported by me				
	LEANN M. QUII My Notary ID # 116	United the Flection Long.	V ).				
	Expires July 30, 2						
W. Office of the Control of the Cont							
		Signature of Cane	didate or Officeholder				
AFFIX NOTARY STAME	V/SEALABOVE						
AS INNORMS SHAWE	, VENERBUVE	0 2 20	12 th				
Sworn to and subscri	bed before me, b	y the said Anne Duffy	, this the				
day of Unvar	y. 20 00, to	o certify which, witness my hand and seal of office.					
Helmor	2.6	LeAnn M. Quinn	City Sec				
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of officer administering oath				

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILERNAME K. DUTTY	20 Filer ID (Ethics Commis	sion Filers)
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	<b>\</b> \$	10
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL	CONTRIBUTIONS \$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	2
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FR	ROM POLITICAL CONTRIBUTIONS \$	212.44
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE	FROM POLITICAL CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CA	ARD \$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FRO	OM PERSONAL FUNDS \$	
10.	). SCHEDULE H: PAYMENT MADE FROM POLITICAL CON	NTRIBUTIONS TO A BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE F	ROM POLITICAL CONTRIBUTIONS \$	
12.	. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS TO FILER	S, AND CONTRIBUTIONS RETURNED \$	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Date 7 Amount of contribution (\$) ut-of-state PAC (ID# State; Zip Code Principal occupation/ Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

		***************************************		***************************************		***************************************		
		EXPEND	DITURE CATE	GORIES FC	PR BOX 8(a)	THE ACCUSATION OF THE PARTY OF		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Men Legal Services The Instructi		Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expens	3e
1 Total pages Schedule F1:	2 FIRN	MEMO	AM			3 Filer ID (Ethic	s Commission Filers)	
4 Date 8 24 19	5 Payee na	- A)	7	PROFESSIONAL STREET, S		A CONTRACTOR OF THE PROPERTY O		************
6 Amount (\$) \$32.44	7 Payee ac	Idress Vond	th NFI	MUJC	city;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See dalegories)	listed at the top of this	s schedule)	b) Description			
	(c)	Check if travel outsid	le of Texas. Complete S	Schedule T.	Check if Austi	in, TX, afficeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officehold	ername HM		Office sought	Cityl	Office held (	)[
Date 1212719	Payee na	L. CM	1			U		
Amount (\$)	Payen ad PO V	Idress; 40 Folm	190 Licoco	, CA	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category AAI	(See Categories lis IPPTS) IPPNA	sted at the top of this s	schedule)	Description			
	i		e of Texas. Complete S	Schedule T.		n, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH		ne Syl	Property of the state of the st		Office sought	Ctyla	Office held NZ	)
Date 11/17/19	Payee na	. 0	M			U		annormation
Afnount (\$)	Payee ad	dress; OSY 41 NFN W	019D NC106C	0. CA	City:	State;	Zip Code	
PURPOSE OF EXPENDITURE	Gategory Adv	(See Calegories list)	ted at the top of this so	chedule)	Description			
-		Check if travel outside	of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida #W	ite / Officeholde	er mage		Office sought	CHAR	Office held	5
	ATT	ACH ADDITIO	NAL COPES	OF THIS SCI	HEDULE AS NEE	DED ()		

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

		EXPENDI	TURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services	oense rials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense ages/Contract Labor	Solicitation/Fundrai Transportation Equi Travel In District Travel Out Of Distri Other (enter a categ	pment & Related	
			n Guide explair	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FAER NA	melow	444			3 Filer ID (Ethio	s Commission	Filers)
4 Date 10/27/19	5 Payee nar	L. CM	1 0					
6 Amount (\$)	7 Pope of	TOWN	190 1900,	CA	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories lists	ed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside o	of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	110	ite / Officeholder	in the second	1	Office sought	Citylo	Office held	P13
9/28/19	Payee nan	ne L.I.M		V				
Amount (\$)	Payee add	1765x 40 UNFO	190 anci	9500	city; , LA 941	State;	Zip Code	
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Ayrount (\$)	Payee add	550240 NFM	190 Misso	0, C	City;	State;	Zip Code	
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	ATTA	CH ADDITION	AL COPIES	оғ( <del>†</del> ніѕ ѕ	CHEDULE AS NEE	EDED ()		

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politics		Gift/Awards/Memorials Exp Legal Services			Travel In District Travel Out Of Distric	
Credit Card Payment	a Communee	The Instruction Guide			Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER N	$\rightarrow$ $\sim$			3 Filer ID (Ethics	s Commission Filers)
4 Date 719719	5 Payee na	pme La M			1	
6 Amount (\$)	7 Payee ac	Harrigano - Harrig	CA Qu	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor Ady	y (See Categories listed at the WACOVO	top of this schedule)	(b) Description		
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9 Complete ONLY if direct expenditure to benefit C/OH	<i>( \  \  \  \  \  \  \  \  \  \  \  \  \ </i>	ate / Officeholder hame	URY.	Office sought	Citylo	Office held , P(
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or and the state of the state o		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held
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